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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by American Association of University Women, Associated Country Women of the World, Bahá'í International Community, Congregation of Our Lady of Charity of the Good Shepherd, Defence for Children International, Dominican Leadership Conference, Franciscans International, International Council of Jewish Women, International Federation of University Women, International Lactation Consultant Association, International Presentation Association of the Sisters of the Presentation, International Union of Anthropological and Ethnological Sciences, Istituto Internazionale Maria Ausiliatrice della Salesiane di Don Bosco, Kenya Alliance for Advancement of Children, League of Women Voters of the United States, Maryknoll Sisters of St. Dominic, Pan Pacific and South-East Asia Women's Association, Partnership for Global Justice, Salesian Missions, School Sisters of Notre Dame, Sisters of Charity Federation, Sisters of Notre Dame de Namur, Sisters of Mercy of the Americas, Society for the Psychological Study of Social Issues, Soroptimist International, SOS Kinderdorf International, Virginia Gildersleeve International Fund, VIVAT International, World Association of Girl Guides and Girl Scouts, World Youth Alliance, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

Promises Made to Girls

The Beijing Platform for Action, Section L, pledges to eliminate all forms of discrimination against girls, specifically addressing violence, education, economic exploitation and harmful cultural attitudes and practices. It also promises to strengthen families and to promote girls' awareness and participation in their own lives and in their societies. Furthermore, it calls attention to the need to overcome the gender stereotypes that exist in many societies and create enabling environments in which girls can develop their full potential. Finally, it recognizes that the advancement of women is not sustainable without attention to the rights of girls.

Why then after more than a decade of promises, do girls remain powerless, invisible and neglected throughout their life-cycle? Girls are still repeatedly denied their political, economic, social and cultural rights and subjected to culturally and legally sanctioned behaviors that present a grave risk to their physical, psychological, spiritual and social-emotional development.

The Root Causes

Cultural norms, gender roles and gender stereotypes are at the root of gender inequality that privileges men and boys and continues to burden women and girls. Social science research indicates that: (a) gender role development is socially constructed and learned from birth; (b) strict enforcement of prevailing gender-specific attributes and socialization can have a deleterious influence on child development whereby young girls and boys are forced into strict gender roles; and (c) prevailing gender stereotypes and less valued social roles associated with the more marginalized status of women continue to discriminate and heighten the vulnerability of the girl child. Research has also demonstrated the profound influences exerted by, inter alia, race, ethnicity, socioeconomic status, rural/urban residence, migrant/refugee status and disability on the inequalities experienced by girls and women.

Cultural norms, social roles, and the gender stereotypes associated with them determine household roles and as a result, girls and women bear a disproportionate share of care giving responsibilities. The consequences for girls include: (a) denial of their right to the education necessary to prepare them for the responsibilities of full participation in society and in the family; (b) limited time for play and other creative pursuits so essential to the personal development of children; limited opportunity to develop peer relationships and leadership skills; and (c) no chance to take care of themselves.

Girls and Care Giving in the Context of HIV/AIDS

The HIV/AIDS pandemic has compounded the care giving responsibilities of women and girls. In households affected by HIV/AIDS and burdened by poverty, girls are often removed from school to decrease expenses and to increase care giving resources. Where children provide care for parents,

* Issued without formal editing.

two-thirds of the care givers are girls. In many cases, older daughters assume the full responsibility for the household and do so at the expense of their own developmentally appropriate needs and pursuits. Social science research on the "*parentified child*" indicates that these girls are at increased risk for adverse health and developmental outcomes.

Research also shows that children who lose their parents to AIDS suffer greater psychological distress than children who are orphaned by other causes. In some cases, girl care givers also suffer from HIV/AIDS. Girls are disproportionately impacted by the international community's failure to meet health care commitments and the social stigma of HIV/AIDS further magnifies the low status for girl care givers.

The fifty-third session of the Commission on the Status of Women offers a unique opportunity for Member States to review progress, improve policies and accelerate programmes designed to fulfill previous promises and to ensure all girls the full enjoyment of their human rights.

Recommendations

In order to ensure the human rights of girls and to address gender inequality in care giving, particularly in the context of HIV/AIDS, we urge Governments to:

(1) *Empower girls through mainstream campaigns to transform attitudes, norms and gender stereotypes.* States must seek to eliminate prejudices and customary practices which are based on the notion of girls' inferiority. We urge the launch of a worldwide campaign to encourage positive attitudes and behavior to combat gender inequality and eliminate stereotypes that prevent full partnership in the household and in the public sphere. Campaigns focused on transforming attitudes must target the media and address the role of men and boys in establishing gender equality.

(2) *Promote the competence and resilience of girls through education and training.* Effective strategies to achieve gender equality must include the social, political and economic empowerment of girls through education programmes and job training to prepare them for their critical roles in their families and communities. Education is the right of every girl and the key to transforming her life and the life of her community.

(3) *Promote the participation, visibility, and empowerment of girls.* Create safe spaces for girls to speak, to voice their concerns and to obtain assistance. The skills, ideas and energy of all girls, especially those from disadvantaged groups, are vital for the full attainment of gender equality.

(4) *Provide resources and funding for gender equality and empowerment of girls.* States must develop gender-responsive budgeting that explicitly allocates monies for: (a) girls' health programs, including adolescent and HIV/AIDS issues; (b) programs that offer opportunities to girls and end the trafficking of girls for labour and sexual exploitation; (c) programs to end all forms of violence against the girl child, including genital cutting, incest, prenatal sex selection and infanticide; and (d) education at all levels.

(5) *Identify and address the needs of girls heading households and children without parental care, including in the context of the HIV/AIDS.* Address girls' needs in an integrated way, inter alia, providing access to financial resources, quality health care, and psychosocial support and protecting girls' land ownership rights. Develop policies and programmes for children who are orphaned by AIDS by supporting family care giving as a first resort and institutional care as a last resort. Share information about best practices which address the needs of families affected by HIV/AIDS. Take measures to increase men and boys' responsibility for home-based care in order to address the disproportionate burden borne by girls in caring for family members.

(6) *Collect, analyze and disseminate data on children, disaggregated by sex, age, socioeconomic status, race and ethnicity.* Institute effective and transparent measurement of previously set goals and targets related to girls, inter alia, the Convention on the Rights of the Child; Beijing Platform for Action, Section L; Millennium Development Goals; Education for All; A World Fit for Children, Plan of Action; and the Convention on the Elimination of All Forms of Discrimination against Women. Institutionalizing the collection of disaggregated data in critical sectors in, inter alia, health, education, labor and protection will help create an inclusive gender perspective for the planning, implementation and monitoring of government programs and for benchmarking across nations and communities.

(7) *Strengthen the role of civil society and of organizations for girls' participation and empowerment.* Tackling gender stereotypes, empowering girls to participate more fully in their families and communities, expanding educational and training opportunities for girls, and increasing research and expanding data collection and dissemination will require the active involvement of civil society groups. We encourage the secretariat and Governments to welcome the active participation of their civil society partners. These organizations occupy a central place in society and can support efforts to ensure women's and girls' rights and their full participation in the development of their communities.

Conclusion

The State has a major role to play in protecting everyone's human rights. The human rights of the girl child cannot and should not be overlooked in the development of a healthy society.

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Statement submitted by Caritas Internationalis (International Confederation of Catholic Charities) and National Board of Catholic Women of England and Wales, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

Regarding the theme **"The equal sharing of responsibilities between women and men including caregiving in the context of HIV/AIDS"** we wish to submit the following. based on the evidence gained from community-based programme responses supported by CAFOD (Caritas England and Wales) and other members of Caritas Internationalis, who between them support initiatives in 107 countries that aim to provide access for all to prevention, treatment and care.

These programmes are often the only services provided to isolated communities far removed from regional health centres or centres of excellence located in larger cities and towns. They most often work through local community and Church-based networks and, as well as having a core of dedicated and skilled staff, they usually rely on a large body of volunteers, drawn from these local communities and well placed to provide effective support in a targeted, well-informed and culturally appropriate manner. CAFOD and many other Caritas members have been supporting HIV-related initiatives since 1987. A large proportion of these initiatives consists of home-based care –a term that encapsulates a myriad of services provided to people living with and affected by HIV. Our combined experience of caregiving in the context of HIV/AIDS shows that:

- The majority of caregivers in almost every community served by Caritas programmes are women and young girls;

- Caregivers are volunteers from the same community and often enduring the same economic and social hardships as those they serve. Volunteers receive little if any economic recompense. Although usually as poor as those they visit, they often give from their own meagre supplies of food or basic materials, particularly where programme budgets or national/international funding policies do not cover these;

- Volunteers give not from their spare time but from time they might otherwise use to benefit their own families and their personal earning or schooling opportunities;

- The work of caregivers often goes unrecognised and unquantified in reports of local/national responses to HIV. Yet, the majority of Caritas-supported programmes could not function without the dedication, commitment, generosity and skills of these volunteers;

- Traditions and cultural norms in many societies where Caritas programmes operate dictate that only women can provide care. Local taboos and sense of gender roles prohibit men from engaging in such work. This can exacerbate the tendency to underestimate or even ignore the value of the care provided;

- Lessons learnt, particularly from CAFOD programmes in East and Southern Africa, indicate that, with appropriate community education and mobilisation, men can also be engaged in caregiving. Where this has occurred the effect has been manifold:

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- The HIV-related stigma borne out of fear that prevailed in those communities, was dissipated as men gained greater understanding of the infection and insights into the lives of people infected and affected;

- Men became more open 'o discussing HIV-related concerns that affected them personally and to accessing information, testing and wider support services;

- The value of caregiving received greater recognition and the status of caregivers was enhanced;

- Communication between women and men was strengthened;

- It became easier for both women and men living with HIV to be open about their status, without fear of violence, rejection or abandonment;

- Skills gained in care-giving often benefited both women and men when they sought paid employment in other areas of work.

Recommendations:

1. The work and value of caregivers needs to be recognised as an indispensable part of the continuum of care required for a holistic response to HIV. To be effective and sustainable it needs to be planned for, resourced and costed. This has implications both for national strategies and policies and for budgets of governments and international funding agencies. Home-based care cannot be considered a as cheap alternative to hospital-based services.

2. The detrimental effects of conferring the burden of caregiving solely to women and young girls need to be acknowledged and countered through effective policies and budgets to alleviate this burden at national and international levels. Similarly the benefits of involving both women and men should be documented and promoted, with appropriate recognition, training, equipment and support provided to all carers, male and female, and financial recompense for out-of-pocket expenses guaranteed as a minimum.

3. The economic and social status of carers should be strengthened by establishing social protection systems and both cash and non-cash mechanisms to ensure sustainable provision of such care. These schemes would serve both to remove the detrimental effects on women and girls who lose employment and educational opportunities because of their disproportionate burden of care, and to encourage men to become more involved in providing some of this care.

4. The breadth of issues addressed by caregivers needs to be recognised and used to illustrate that HIV cannot be confined solely to health sector responses, but also has implications for e.g., food security, poverty reduction, legislation to promote equity

between women and men, inheritance and property entitlements, domestic and community-based sexual violence and more, as well as informing efforts to provide equal access to comprehensive prevention, care and treatment services for women, men and children.

5. National policies and programmes should be informed by an in-depth analysis disaggregated by gender and age. The involvement of men as well as women in caregiving should be promoted in national and international strategies.

6. The participation of home-based care groups and networks in shaping national policies and in monitoring and evaluating services provided, should be promoted. Their role as active players in a multi-sectoral response is essential and should be ensured.

7. Community-based networks, NGOs, and international networks, such as that of Caritas Internationalis, should be engaged in documenting the experiences of caregiving with particular reference to gender considerations specific to women and men, so that this evidence can contribute to the development of increasingly effective strategies and programmes in the future.